

UTAH DIVISION OF AIR QUALITY 150 N 1950 W P.O. Box 144820

Postmark Date:
initials:
Fee Received:

Check Number:

Salt Lake City, UT 84114-4820

10 WORKING-DAY ASBESTOS NOTIFICATION

Please complete fully!! 1.a Type of Operation	(original notification only)	Fee \$	
[] Renovation [] Demo		urning S	ee Reverse
2 Facility Name	·	· 	
Address			
City			Zip Code
Part of Facility Involved,(e.g flo	· · · · · · · · · · · · · · · · · · ·		
Age of Fac <u>ility</u>	Size	# of I	Floors
Present Use	Prior Use		
3 Facility Owner/Operator Na	ne		
Address	City	State	Zip Code
Contact Person		Phone Number	
4 Asbestos Contractor Name			ID Number
Address	City	State	Zip Code
Contact Person		Phone	
5 Demolition Contractor Name	e		
Address	City	State	Zip Code
Contact Person		Phone number	
6 Dates of Asbestos Removal	Prep Date	Start Date	Ending Date
Working Days and Hours	SMTWHFS	from	am/pm to am/p
Scheduled Dates of Demolition		Start Date	Ending Date
7 Asbestos Containing Mater	al (ACM) to be removed,	list amounts and unit	ts of measure
ceiling spray	floor	tile/mastic	
sheet vinyl	trans	ite	
pipe insulation	other	·	
tank insulation	other		
Total Surfacing (sq. ft.)	Total Pipe Cover	ring (linear ft.)	
	(turn over and fill out reve	rse side)	
8 I certify that the all the informa	ation in this notification is tr	ue and correct.	
Signature of Owner/Operator		Date	: :
Print name and title of Owner			
OFFICIAL USE ONLY!			
Date Accepted	Date	Rejected	
Reviewers Initials	ACTS	<u> </u>	
Rejection Comments:			

Name of Utah Certified Inspector Name of Utah Certified Asbestos Company Analytical Method used for asbestos analysis Date of Inspection Is friable asbestos present? Is non-friable asbestos present? Is non-friable asbestos present? O ACM to be left in the facility during demolition, list amoutation in the facility during demolition, list amoutation in the Provisions of the NESHAP who with Name 1 Person Trained in the Provisions of the NESHAP who with Name 2 Describe the scope of the project (e.g., boiler replacement, seis) 3 Describe the engineering controls or rule options to be used	Was it sampled its and units supervise a fication Number nic upgrade etc.	d or assumed? d or assumed? of measure. sbestos projer) ol asbestos.	
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8 Description of procedures to be followed in the event that			
generated during the project	unexpected	I RACM is for	und or
Attach additional pages as necessary to complete this form. Incomp	te notifications	may not be acc	cepted.
e Calculation			
Asbestos Abatement	Abatement Un	it Fee Total Fee	et Total Fee
Type of Structure Base Fee under 10,000(sq.ft plus lin. ft.)	over 10,000(sc	<u> </u>	
Owner Occupied Res. \$40.00 + X \$5.00 per 100 ft	+	X \$2.00 per 1	00 ft
Other Structure \$140.00 + X \$5.00 per 100 ft	•	X \$2.00 per 1	00 ft
Demolition Base Fee Floor space above 5000 sq. ft.	<u>.</u> +	·	
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Submit Notifications to Utah Division of Air Quality 150 N 1950 W P.O. Box 144820 Salt Lake City, UT 84114-4820 A fee calculator is available at www.deq.utah.gov/eqair/haps/asbestos/
Fees calculations will be verified by DAQ
Phone (801) 536-4000